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Country programme recommendation**

Myanmar

Addendum

Summary

The present addendum to the country note submitted to the Executive Board at its first regular session of 2000 contains the final country programme recommendation for Board approval.

The Executive Director *recommends* that the Executive Board approve the country programme of Myanmar for the period 2001 to 2005 in the amount of $33,010,000 from regular resources, subject to the availability of funds, and $30,000,000 in other resources, subject to the availability of specific-purpose contributions.

* E/ICEF/2000/14.

** The original country note provided only indicative figures for estimated programme cooperation. The figures provided in the present addendum are final and take into account unspent balances of programme cooperation at the end of 1999. They will be contained in the summary of recommendations for regular resources and other resources programmes (E/ICEF/2000/P/L.27).

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The situation of children and women

1. This section complements the analysis of the situation of children and women in the country note presented to the Executive Board at its first regular session of 2000 (E/ICEF/2000/P/L.12) by highlighting new information that has emerged subsequent to its submission.

2. Sentinel surveillance data collected in April and October 1999 show an increase in the rate of HIV infection from 29 to 47 per cent among sex workers, with the highest increase in the 30- to 34-year-old age group. Among pregnant women, the highest increase in incidence was among 15- to 19-year-olds, with an increase from 4 to 6.5 per cent in Muse Township in Northern Shan State. The impact of HIV/AIDS on children in high prevalence areas is increasingly visible and could potentially roll back achievements in social indicators if prevention and care activities are not implemented on a significant scale.

Programme cooperation, 1996-2000

3. The 1996-2000 programme of cooperation (E/ICEF/1995/P/L.19) was designed to support and facilitate the achievements of the National Programme of Action (NPA) to promote the World Summit for Children goals within the framework of the Convention on the Rights of the Child.

4. UNICEF provides assistance to routine vaccination services, which have increased from 263 to all 324 townships during the programme period. For the past five years, each National Immunization Day (NID) for polio has reached 5 million, over 90 per cent of all children. Since 1998, the expanded programme on immunization (EPI) has reportedly vaccinated 87 per cent of children below 1 year old, although there are still remote border areas with coverage below 80 per cent. Myanmar has had no cases of wild polio for three consecutive years; however, during 1999, four imported cases of wild polio were detected in Northern Rakhine State. Partners include the World Health Organization (WHO), the United States Centers for Disease Control and Prevention (Atlanta, Georgia), Rotary International and the Japan Committee for Vaccines for the World's Children.

5. By March 2000, Myanmar had exceeded the target of producing 240,000 metric tons of iodized salt, with an estimated 80 per cent of households consuming iodized salt compared to 65 per cent in 1997, and a reduction in the rate of visible goitre from 33 per cent in 1994 to 12 per cent in 1999. However, iodized salt continues to be more expensive than non-iodized (up to 30 cents per pound). UNICEF successfully advocated with policy makers for universal salt iodization (USI) regulation and, in partnership with the United Nations Development Programme (UNDP), created a potassium iodate revolving fund. Since 1996, UNICEF has been the sole provider of vitamin A capsules yearly to 3 million children between six months and five years old in 201 townships, and during the NID in January 2000 to 4.1 million children, contributing to a reduction in the prevalence of Bitot's spots from 0.38 per cent in 1994 and 0.23 per cent in 1997.

6. Key interventions to prevent HIV/AIDS included life skills training for 50,000 adolescent girls and boys, and 300 leaders from three main religious organizations. Treatment guidelines for sexually transmitted diseases (STDs) were also developed and distributed with STD test kits and drugs to 36 public STD clinics. The 1998 mid-term review (MTR) assessment indicated that there had been an increase in the awareness and knowledge of AIDS among the trained groups.

7. A total of 10,938 health staff in 210 townships were trained on the Integrated Management of Mother and Child Illness package, a referral system was strengthened, and essential equipment was provided for 16 state and division hospital paediatric departments. Other partners involved in strengthening health services are WHO, UNDP, the United Nations Population Fund (UNFPA) and Family Planning International Assistance. The Japan Grant Aid has funded essential drugs, supplies and equipment to strengthen maternal and child health services. A total of 2,000 voluntary auxiliary midwives and traditional birth attendants in 50 townships were trained in the provision of antenatal, post-natal and delivery services; 1,000 community-based auxiliary nurse midwives in 16 underserved border townships were trained in the provision of basic health care in remote villages; and 1,200 hospital-level health professionals in 30 townships were trained in the "Essential Steps for Safe Delivery" (ESSD). The impact of the training would have been greater had they been coordinated in the

same townships. Delays in ESSD training and the late delivery of equipment for basic obstetric services slowed progress. In 23 townships, 450 community health workers and local leaders were trained to diagnose malaria, and anti-malarial drugs were provided with funds from Japan Aid Grant, complementing the provision of 26,000 insecticide-treated nets. WHO, UNDP and UNICEF are engaged in supporting technical departments and communities to implement the Roll Back Malaria Initiative. An evaluation of the outcome of training initiatives is planned for 2001.

8. Over 1.5 million students in 16,619 schools in 120 townships have participated in activities to increase enrolment, improve the quality of education, and promote healthy living and HIV/AIDS prevention. Some 64,962 teachers were trained in participatory teaching/learning methods and 11,586 parent-teacher association (PTA) members received training in social mobilization techniques and community-based data collection. An independent 1998 quantitative study of a representative sample of the above townships concluded that the proportion of five-year-olds entering kindergarten had increased from 44 to 54 per cent, and that internal efficiency had improved. Partners supporting primary education and early childhood care and development projects include the United Nations Educational, Scientific and Cultural Organization and several international and local non-governmental organizations (NGOs) and local religious groups.

9. In water, sanitation and hygiene, household access to sanitary latrines increased from less than 45 per cent in 1996 to an estimated 70 per cent in 1999. Since 1996, over 2.5 million latrines were constructed on a self-help basis, following two successful National Sanitation Weeks (NSWs). Over 78,000 township officials, teachers and leaders were trained, with UNICEF support, in community mobilization for the construction of sanitary latrines and hygienic practices. This was complemented by the installation of low-cost water and sanitation facilities in 3,500 primary schools. Print and audio-visual materials for mass communication were developed and distributed. With UNICEF support, more than 2.76 million people in underserved communities benefited from the installation of 12,500 drinking water systems. Technical support was provided to private contractors who installed 70,000 shallow tube-wells. The Save the Children Fund (United Kingdom) and UNICEF, with funds from the European Community Humanitarian Organization, rehabilitated water supply and sanitation facilities in flood-affected areas.

10. Some 32 television and drama spots were produced on various topics in support of sectoral programmes. NGOs such as the Young Men's Buddhist Association were trained as trainers and disseminators of *Facts for Life* (FFL). The FFL messages were also translated into eight ethnic languages. An assessment conducted for the MTR in 1998 found that these efforts did not have the desired impact on behaviour change and, therefore, a revised strategy was introduced to train trainers and communicators in participatory training techniques. Early indication of the impact of this new strategy is encouraging, such as the positive feedback from 1,600 participants in FFL communication workshops.

11. UNICEF was the principal provider of technical and financial support to multiple indicator cluster surveys (MICS) conducted in 1995, 1997 and 2000, and a household income and expenditure survey in 1997, which resulted in an improvement in the availability and reliability of data to establish trends to track progress towards the NPA goals. A simplified vital registration system was piloted for future expansion. A computerized Children's Information Corner is being established within the Department of Health Planning.

12. In response to the Initial State Party Report on the Convention on the Rights of the Child and the Concluding Observations of the Committee on the Rights of the Child, the following activities have been implemented since 1998: initiating a review of the Child Law; establishing a Convention monitoring framework; and improving care and facilities for children in need of special protection. Some 124 out of 940 institutionalized children have been reunited with their families. The Initial State Party Report on the Convention on the Elimination of All Forms of Discrimination against Women was considered by the Committee on the Elimination of All Forms of Discrimination against Women in January 2000.

Lessons learned from past cooperation

13. The lessons learned remain essentially the same as described in the country note. There have been missed opportunities and limited impact due to the projects being too widely dispersed geographically and

to the strong vertical nature of the delivery of services. The combination of special outreach actions, such as NIDs and NSWs, and routine services appears to be effective. Long periods of isolation and restricted contact with external partners have resulted in a lack of opportunities to acquire and apply technological and modern managerial skills and innovative community development strategies.

Country programme preparation process

14. The country programme preparation process has been consultative and participatory. The situation assessment and analysis has been updated to incorporate information from recent surveys and investigations. A number of round tables and workshops on objectives and strategies were held to generate consensus among concerned technical departments, international and local NGOs and United Nations agencies, with the Joint Myanmar-UNICEF Advisory Group (JMUAG) providing overall coordination. Consultations with donor government representatives based in Yangon and Bangkok and UNICEF regional advisers were held. The programme preparation process also took into account the work being done by other United Nations agencies, the Joint United Nations Programme on HIV/AIDS (UNAIDS) and international NGOs. The country programme recommendation has considered and incorporated the comments made by the Executive Board on the country note.

Country programme goals and objectives

15. Since submitting the country note, the goals and objectives have been refined based on feedback received from different partners. The following country programme goals and objectives constitute a broad results framework to be used as a guide to establish annual targets based on the opportunities and resources available. The overall goal of the country programme is to advocate for and contribute towards the progressive establishment of an environment where the rights to survival, development, protection and participation of children and women are realized according to the obligations and responsibilities assumed by Myanmar as a State Party to the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women. The country programme objectives are: (a) to build new and strengthen existing partnerships for the promotion and realization of the two Conventions; (b) to reduce disparities through universal coverage of immunization (87 per cent in 1998), vitamin A supplementation (71 per cent in 2000), sanitation (70 per cent in 1999) and the consumption of iodized salt (65 per cent in 1997), and access to FFL messages on child care; (c) to reduce the transmission of HIV/AIDS and its impact on children, women and young people; (d) to explore and develop well-coordinated multisectoral efforts to provide essential care and satisfy needs during pregnancy and early childhood, and demonstrate their impact on the survival, growth, development and protection of children in one third of the townships, with an emphasis on the most disadvantaged; and (e) to increase the availability, reliability and use of essential data on children and women for planning, programming and monitoring.

Relation to national and international priorities

16. The country programme will continue to support the goals set for children in the NPA which are not yet fully achieved within the framework of the two Conventions, while taking into account the newly-arising problems of children and women as identified in the situation assessment and analysis, the current UNICEF medium-term plan (E/ICEF/1998/13 and Corr.1) priorities and the future priority actions for children. The Common Country Assessment (CCA) is being formulated by the United Nations country team and is expected to be completed by the end of 2000. The CCA will be one input for the identification of the area-focused townships.

Programme strategy

17. The programme strategies remain essentially the same as described in the country note. Support to achieve universal coverage will build on the combination of special outreach activities and routine delivery services. To provide essential care and satisfy needs during pregnancy and childhood in a holistic manner, convergence will be promoted gradually to cover one third of all townships (referred to as area-focused townships (AFTs)) by the end of the programme cycle. The township is an administrative

Recommended programme cooperation, 2001-2005

Regular resources: $ 33,010,000
Other resources: $ 30,000,000

Recommended programme cooperation*
(In thousands of United States dollars)

	Regular resources	*Other resources*	*Total*
Health and nutrition	11 030	13 000	24 030
Basic education and children in need of special protection	8 679	12 000	20 679
Water, environmental sanitation and hygiene	5 769	5 000	10 769
Capacity-building for planning and monitoring	2 513	–	2 513
Advocacy, information and communication	1 600	–	1 600
Cross-sectoral costs	3 419	–	3 419
Total	**33 010**	**30 020**	**63 010**

* The breakdown for estimated yearly expenditures is given in table 3

level which covers an average of 150,000 people. A process and criteria will be developed to select the townships and effective implementation mechanisms. Townships that already have a convergence of health and education projects will be selected first. Within AFTs, intersectoral linkages will be strengthened and activities managed at township and community levels. For example, the school will be a point of convergence for education, health, nutrition, safe water, sanitation services and communication, re-enforced with community-based health services. Although the majority of programme activities will converge increasingly in AFTs, the high prevalence of HIV/AIDS and malaria, for example, and programme opportunities may see specific activities implemented in some non-AFT areas.

18. Activities to address gender concerns will be based on the analysis of the disaggregated data expected from the MICS, specific surveys and the gender profile to be finalized by the United Nations Thematic Group on Gender in 2000. A certain degree of flexibility will enable the programme to respond to a change in circumstances and emergencies.

19. *Health and nutrition.* This programme will prioritize the promotion and improvement of health services in AFTs, while continuing to support the universalization of immunization, vitamin A supplementation and the use of iodized salt nationwide. Regular resources will be used mainly to ensure the availability of vaccines and to support interventions with universal coverage and other core activities. Other resources will support polio eradication efforts, providing supplies and equipment for health centres. Existing activities and support, such as the provision of essential drugs, will gradually be focused in AFTs.

20. UNICEF will support the National Immunization Programme, including routine, crash and mopping-up activities to control measles, eradicate poliomyelitis and eliminate neonatal tetanus, and also explore the possibility of introducing new vaccines such as hepatitis B. Community-based activities will be supported to increase caregivers' understanding of optimal care and their access to resources. This will contribute to improved care practices and health-seeking behaviours, thus complementing other interventions directed towards early childhood care (ECC). In collaboration with technical departments and international and local NGOs and WHO, the interventions will include training and support for the integrated management of maternal and childhood

illnesses, malaria control, growth monitoring and promotion, exclusive breastfeeding and appropriate complementary feeding. The provision/promotion of insecticide-treated nets, improvement of diagnostic facilities and clinical management of malaria, and community education on seeking early care will be implemented through the Mekong Roll Back Malaria Initiative. The availability and use of referral services for emergency obstetric care will be increased by supporting ESSD training and providing the necessary equipment to 70 township hospitals.

21. Within the framework of the UNAIDS strategic plan, UNICEF will focus on preventing HIV/AIDS by increasing access to relevant information and education for children, adolescent boys and girls, as well as reproductive health services, and by voluntary testing and counselling for pregnant women to reduce vertical transmission. UNICEF will collaborate with partners, including international and local NGOs, to build the capacity of health staff and communities by establishing youth-friendly services, behavioural surveillance systems, and counselling and care services that target people with high-risk behaviour and vulnerability.

22. UNICEF will continue to support universal vitamin A supplementation, including to post-partum women, and USI. The latter will have an emphasis on monitoring the quality of salt, advocating for the elimination of the price differences between iodized and non-iodized salt, and promoting the use of iodized salt. Support will be provided to ensure appropriate nutrition education, de-worming and micronutrient supplementation, such as weekly iron and vitamin A to schoolchildren in AFTs.

23. *Basic education and children in need of special protection*. The programme aims to prepare young children for life-long learning, increase access to quality primary education and address specific issues relating to children in need of special protection. Other resources will enable the expansion of activities to develop "child-friendly schools" in all AFTs.

24. In order to promote a child-friendly learning environment in approximately one third (12,000) of the primary schools ("child-friendly schools") which are child-centred and promote quality learning outcomes, UNICEF will build on the strengths of existing projects (e.g. identifying children who are not enrolled), while introducing new activities, such as teaching methods for multigrade classes, remedial reading and writing. Participatory training materials will also be developed and training conducted for teachers, PTAs and local education officials. Support will be provided to strengthen management, monitoring and evaluation mechanisms. Textbooks and basic school supplies will all be provided for needy students. UNICEF will support the development of participatory ECC training materials and resource handbooks for parents, pre-school teachers and day-care providers for the 0- to 5-year-old age group and training for these groups. Fifty pre-kindergarten classes, with accompanying early childhood community outreach programmes, will be established in poor and disadvantaged communities in five peri-urban areas. Parenting education models will be piloted in selected communities of AFTs.

25. In response to the Concluding Observations of the Committee on the Rights of the Child, UNICEF will support, through the country programme and subregional activities, interventions that promote the protection rights of children in Myanmar, focusing especially those affected by the HIV/AIDS epidemic, as well as those being exploited, abused and trafficked. The programme will support the development of trained social workers and care providers to address the psychosocial needs of these children, especially those living with parents/caregivers who are living with HIV/AIDS. Strengthening the juvenile justice system to make it child-friendly will involve training for juvenile justice administrators and others in the principles and provisions of the Convention on the Rights of the Child.

26. *Water, environmental sanitation and hygiene*. The programme objective is to improve personal hygienic knowledge, attitudes and practices. This will be achieved through education in the communities and in schools, and by increasing access to water supplies and sanitation facilities in households, communities and schools. Steps will be taken to improve communication drives, social mobilization and NSWs to help achieve universal sanitation coverage. Activity-based teaching materials will be developed and used in schools in conjunction with the school-based healthy living and HIV/AIDS prevention education curriculum to promote changes in behaviour and raise awareness about a clean environment and safe water usage. Regular resources will be used for the above activities and to install about 12,000 shallow tube-wells and sanitation facilities in schools and rural health centres mainly in AFTs. About

800 deep tube-wells and gravity-flow schemes, 4,700 shallow tube-wells, protected ponds and dug wells will be installed in communities, making sure that at least one water point is placed in the nearby school and rural health centre, benefiting about 1.9 million children in schools and 1.2 million people in underserved communities. Other resources will be used to install an additional 21,000 community water systems benefiting another 3 million people. The programme will advocate for increased public sector budgetary allocations to the drinking water sector and provide technical support to private manufacturers to produce quality materials for the programme.

27. *Capacity-building for planning and monitoring.* UNICEF will support activities to increase the availability of data on child survival, development, protection and participation and strengthen subnational capacity for intersectoral planning, especially in AFTs. A monitoring framework for the Convention on the Rights of the Child will be developed to support the work of the National Committee on the Rights of the Child. UNICEF will support at least two MICS to be conducted in 2003 and 2005 to complement routine data and other surveys, such as the National Nutrition Survey and the National Survey on Safe Drinking Water and Sanitation, as inputs for the MTR and end-of-cycle reviews. The programme will strengthen and expand the revised vital registration system, and the health and education management information systems to improve the quality and use of routine data collection. The programme will also support exposure to innovative experiences in neighbouring countries and the strengthening of coordination among partners.

28. *Advocacy, information and communication.* This programme will advocate for an increase in public budgetary investment on primary health care and basic education, increased awareness on the need for urgent attention to mitigate the spread of HIV/AIDS, promotion of greater intersectoral cooperation and convergence, and increased attention to child protection issues. FFL messages will be broadcast through every available channel, including the use of mass media and interpersonal communication. Participatory training and communication techniques will be used in AFTs to promote changes in behaviour. The programme will also build new and strengthen existing partnerships, as well as provide technical support to sector programmes on communication activities. Resource mobilization in support of country programme implementation will be strengthened and actively pursued.

29. *Cross-sectoral costs.* These are intended to cover programme implementation costs not attributable to individual programmes, but clearly linked to its delivery. They will be used mainly for salaries of staff associated with supplies, information technology and communication, and to meet related operational costs to enable smooth programme implementation and coordination.

Monitoring and evaluation

30. The master plan of operations includes a monitoring and evaluation component for individual projects, as well as a five-year Integrated Monitoring and Evaluation Plan which incorporates key indicators (e.g. disaggregated data on EPI coverage, sanitation coverage, iodized salt consumption nationwide, and enrolment and retention rates), main evaluations and measurement methodologies. UNICEF will monitor project inputs and expenditures on a monthly basis. In addition to regular field visits by Yangon-based staff, four outposted field officers will monitor project implementation and the appropriate use of supply and cash assistance, especially in remote areas. The number of field officers will increase as additional resources become available. Baselines assessments will be undertaken in all AFTS to enable the evaluation of the impact of interventions. Evaluations will be carried out to provide analytical insights on achievements, adjustments and modifications needed to improve the quality of programme management and implementation. At least one thematic evaluation per year will be conducted. For the first half of the country programme period, the following evaluations will be carried out: (a) effectiveness of training of peripheral health workers and primary school teachers; (b) effectiveness of NSWs; and (c) effectiveness of FFL communication. Programme component themes to be evaluated in the second half of the country programme will be identified at the MTR.

Collaboration with partners

31. UNICEF Myanmar will continue to collaborate with neighbouring countries and offices, as well as with international and local NGOs, to implement cross-border activities in HIV/AIDS, trafficking, malaria and polio eradication. Although Myanmar does not yet

have a United Nations Development Assistance Framework, United Nations agencies work closely together to ensure sharing of information and experiences at a general level, and collaborate on specific activities such as WHO and UNICEF on childhood immunization and malaria; WHO, UNICEF and UNDP on HIV/AIDS; and UNICEF, UNFPA and WHO on reproductive health. The relationships are expected to further expand and strengthen.

32. Myanmar is faced with a complex funding environment, characterized by the absence of many traditional donors and international financial institutions. The existing UNICEF country office funding relationships with global, regional and subregional initiatives will be continued and further intensified. Consultations are ongoing in order to maintain and further develop the existing multi-year funding for health and education programmes by the Government of Japan, the Japan International Cooperation Agency and the Japan National Committee for UNICEF. Efforts will be made to broaden the donor base.

Programme management

33. The Foreign Economic Relations Department of the Ministry of National Planning and Economic Development is responsible for UNICEF cooperation in Myanmar. The JMUAG will facilitate overall coordination and periodic reviews of implementation.

34. For efficient programme management, quarterly and annual reviews will be conducted with technical departments, with the participation of United Nations agencies, international and local NGOs, and funding partners. An MTR of the country programme will be held in 2003. An intersectoral office team headed by the senior programme coordinator will manage cross-cutting issues, such as implementation of the Convention on the Rights of the Child and gender concerns.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

Myanmar	(1998 and earlier years)		UNICEF country classification
Under-five mortality rate	113	(1998)	High U5MR
Infant mortality rate	80	(1998)	High IMR
GNP per capita	$ 220*	(1987)	Low GNP
Total population	44.5 million	(1998)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1990	1998
Births	(thousands)	1103	1259	972	943
Infant deaths (under 1)	(thousands)	135	118	88	75
Under-five deaths	(thousands)	197	169	126	107
Under-five mortality rate (per 1,000 live births)		179	134	130	113
Infant mortality rate (under 1) (per 1,000 live births)		122	96	91	80

		About 1980	Most recent
Underweight children (under 5) (% weight for age, 1981/1997)	Moderate & severe	47**	39
	Severe	..	13
Babies with low birth weight (%, 1994/1995)		17	24
Primary school children reaching grade 5 (%, 1970-1998)		27	41

NUTRITION INDICATORS	About 1980	Most recent
Exclusive breast feeding rate (<4 mos.) (%, 1995)	..	10
Timely complementary feeding rate (6-9 mos.) (%, 1997)	..	78
Continued breast feeding rate (20-23 mos.) (%, 1997)	..	75
Prevalence of wasting (0-59 mos.) (%, 1981/1994)	13**	8
Prevalence of stunting (0-59 mos.) (%, 1981/1994)	48**	45
Vitamin A supplementation coverage (6-59 mons.) (%, 1998)	..	91
Household consuming iodized salt (%, 1997)	..	65

HEALTH INDICATORS		About 1980	Most recent
ORT use rate (%, 1997)			96
Routine EPI vaccines financed by government (%, 1998)		..	0
Access to safe water	Total	21	52
(% of population, 1980/1997)	Urban/rural	38 / 15	74 / 44
Access to adequate sanitation	Total	21	..
(% of population, 1980/1997)	Urban/rural	38 / 15	87 / 70
Births attended by trained personnel (%, 1988/1997)		57	56
Maternal mortality rate (per 100,000 live births, 1980-1998)		..	230

Immunization		1981	1985	1990	1998
One year old (%) immunized against:	Tuberculosis	15	22	75	91
	DPT	5	8	69	87
	Polio	..	1	69	88
	Measles	..	..	73	85
Pregnant women (%) immunized against:	Tetanus	6	13	54	78

* Estimated 1998 value is low income ($760 or less).

.. = 95% CONFIDENCE INTERVAL

TABLE 1 (continued)

Myanmar

EDUCATION INDICATORS		About 1980	Most recent
Primary enrolment ratio (gross/net) (%, 1985/1995)	Total	98 / ..	111 / 83 b/
	Male	101 / ..	/ 85 b/
	Female	95 / ..	/ 81 b/
Secondary enrolment ratio (gross/net) (%, 1985/1995)	Total	23 / ..	/ ..
	Male	24 / ..	/ ..
	Female	22 / ..	/ ..
Adult literacy rate, 15 years & older (%, 1980/1995)	Total	78	83
	Male/female	86 / 71	88 / 78
Radio/television sets (per 1,000 population, 1985/1996)		67 / 1	89 / 5

DEMOGRAPHIC INDICATORS		1970	1980	1990	1998	2000
Total population	(thousands)	27102	33621	40520	44497	45611
Population aged 0-18 years	(thousands)	12851	15568	17243	15978	15700
Population aged 0-5 years	(thousands)	4278	4800	4661	4179	4262
Urban population (% of total)		23.0	24.0	25.0	27.2	28.0
Life expectancy at birth (years)	Total	49	52	56	60	62
	Male	47	50	55	59	60
	Female	50	54	58	62	63
Total fertility rate		5.9	5.0	3.2	2.4	2.3
Crude birth rate (per 1,000 population)		40	37	25	21	21
Crude death rate (per 1,000 population)		17	15	11	9	9

		About 1980	Most recent
Contraceptive prevalence rate (%, 1988/1997)		13	33
Population annual growth rate (%, 1970-1990/1990-1998)	Total	2.0	1.2
	Urban	2.6	1.9

ECONOMIC INDICATORS		About 1980	Most recent
GNP per capita annual growth rate (%, 1965-1980/1980-1998)		1.6	2.0
Inflation rate (%, 1965-1980/1990-1998)		9	26
Population below $1 a day (%)		..	..
Household income share (%)	Top 20%/bottom 40%	.. / ..	.. / ..
Government expenditure (% of total expenditure,1987/1996)	Health/education	8 / 12	4 / 12
	Defense	19	36
Household expenditure (% share of total, 1980 or 1985)	Health/education	.. / ..	.. / ..
Official development assistance (1981/1997)	$US millions	284	19
	As % of GNP	5	0
Debt service (% of goods and services exports, 1982/1997)		26	8

a/ ADC. b/ 5-11 years.

TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1996-2000 a/

COUNTRY: MYANMAR
LATEST BOARD APPROVAL: 1995
GENERAL RESOURCES: $32,500,000.00

(In thousands of United States dollars)

Programme sectors/areas	Supplies and equipment (actual)		Training grants (actual)		Project staff (actual)		Other cash (actual)		TOTAL					
									Regular resources b/		Other resources		Total (RR & OR)	
	RR b/	OR	RR b/	OR	RR b/	OR	RR b/	OR	Actual	Planned	Actual	Planned	Actual	Planned
Health	6,289	10,612	186	807	949	128	1,165	1,003	8,589	13,000	12,550	11,000	21,139	24,000
Water supply and sanitation	2,975	185	303	32	848	30	280	437	4,406	6,300	684	7,500	5,090	13,800
Education	2,568	1,523	1,007	24	443	10	823	63	4,841	6,400	1,620	5,000	6,461	11,400
Children in especially difficult circumstances	152		21		266		182		621	1,500			621	1,500
Social mobilization and advocacy	811		108		256		723		1,898	2,150			1,898	2,150
Planning and social statistics	136		2		2,702		589		3,429	3,150			3,429	3,150
Emergency	26								26				26	
GRAND TOTAL	12,957	12,320	1,627	863	5,464	168	3,762	1,503	23,810	32,500	14,854	23,500	38,664	56,000

RR = Regular resources.
OR = Other resources.
a/ Actual expenditure includes expenditure recorded as of 31 May 2000.
b/ Actual GR expenditure includes allocations from global funds.

TABLE 1

PLANNED YEARLY EXPENDITURES

COUNTRY: MYANMAR
PROGRAMME CYCLE : 2001-2005

	FUND	2001	2002	2003	2004	2005	TOTAL
HEALTH AND NUTRITION	RR	2,174,000	2,201,000	2,201,000	2,216,000	2,238,000	11,030,000
	FOR						
	NOR	2,762,000	2,681,000	2,618,000	2,511,000	2,428,000	13,000,000
	TOTAL	4,936,000	4,882,000	4,819,000	4,727,000	4,666,000	24,030,000
WATER AND ENVIRONMENTAL SANITAT.	RR	1,128,000	1,142,000	1,153,000	1,167,000	1,179,000	5,769,000
	FOR						
	NOR	838,000	919,000	982,000	1,089,000	1,172,000	5,000,000
	TOTAL	1,966,000	2,061,000	2,135,000	2,256,000	2,351,000	10,769,000
BASIC EDUCATION & CINSP	RR	1,806,000	1,746,000	1,745,000	1,704,000	1,678,000	8,679,000
	FOR						
	NOR	2,400,000	2,400,000	2,400,000	2,400,000	2,400,000	12,000,000
	TOTAL	4,206,000	4,146,000	4,145,000	4,104,000	4,078,000	20,679,000
COMMUNICATION FOR DEVELOPMENT	RR	320,000	320,000	320,000	320,000	320,000	1,600,000
	FOR						
	NOR						
	TOTAL	320,000	320,000	320,000	320,000	320,000	1,600,000
CROSS-SECTORAL COSTS	RR	838,000	864,000	870,000	919,000	911,000	4,402,000
	FOR						
	NOR						
	TOTAL	838,000	864,000	870,000	919,000	911,000	4,402,000
POLICY PLANNING AND MONITORING	RR	306,000	306,000	306,000	306,000	306,000	1,530,000
	FOR						
	NOR						
	TOTAL	306,000	306,000	306,000	306,000	306,000	1,530,000
TOTAL, PROGRAMME BUDGET	RR	6,572,000	6,579,000	6,595,000	6,632,000	6,632,000	33,010,000
	FOR						
	NOR	6,000,000	6,000,000	6,000,000	6,000,000	6,000,000	30,000,000
	TOTAL	12,572,000	12,579,000	12,595,000	12,632,000	12,632,000	63,010,000
STAFF COSTS a/		911,134	913,782	947,897	949,563	984,315	4,706,691
GENERAL OPERATING COSTS		349,628	318,254	336,097	369,357	370,693	1,744,029
TOTAL, ESTIMATE SUPPORT BUDGET		1,260,762	1,232,036	1,283,994	1,318,920	1,355,008	6,450,720
GRAND TOTAL		13,832,762	13,811,036	13,878,994	13,950,920	13,987,008	69,460,720

RR = regular resources
FOR = funded other resources
NOR = new other resources

a/ Including consultants and temporary assistance.

E/ICEF/2000/P/L.12/Add.1

TABLE 4

COUNTRY: MYANMAR
PROGRAMME: 2001-2005

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET				POSTS a/										STAFF COSTS b/		
	RR	FOR	NOR	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
REGULAR RESOURCES																	
HEALTH AND NUTRITION	11,030,000			11,030,000	0	0	1	0	0	0	1	3	1	5	872,301	378,437	1,250,738
WATER AND ENVIRONMENTAL SANITAT	5,769,000			5,769,000	0	0	0	1	0	0	1	2	1	4	872,301	282,224	1,154,525
BASIC EDUCATION & CINSP	8,679,000			8,679,000	0	0	1	1	0	0	2	2	2	6	1,622,316	335,166	1,957,482
COMMUNICATION FOR DEVELOPMENT	1,600,000			1,600,000	0	0	0	0	0	0	0	0	0	0	0	0	0
CROSS-SECTORAL COSTS	4,402,000			4,402,000	0	0	0	1	2	0	3	7	17	27	1,976,157	1,608,837	3,584,994
POLICY PLANNING AND MONITORING	1,530,000			1,530,000	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL RR	33,010,000			33,010,000	0	0	2	3	2	0	7	16	21	42	5,343,075	2,604,724	7,947,799
OTHER RESOURCES																	
HEALTH AND NUTRITION		0	13,000,000	13,000,000	0	0	0	0	0	0	0	2	0	2	0	209,945	209,945
WATER AND ENVIRONMENTAL SANITAT		0	5,000,000	5,000,000	0	0	0	0	0	0	0	0	0	0	0	0	0
BASIC EDUCATION & CINSP		0	12,000,000	12,000,000	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL OR		0	30,000,000	30,000,000	0	0	0	0	0	0	0	2	0	2	0	209,945	209,945
TOTAL RR & OR	33,010,000	0	30,000,000	63,010,000	0	0	2	3	2	0	7	18	21	44	5,343,075	2,814,669	8,157,744
SUPPORT BUDGET		Operating costs		1,686,411													
		Staffing			0	1	1	2	0	0	4	3	12	19	3,438,384	1,268,307	4,706,691
GRAND TOTAL (RR + OR + SB)					0	1	3	5	2	0	11	19	33	63	8,781,459	4,082,976	12,864,435
	Number of posts and staff costs:																
	Current programme cycle																
	At the end of proposed programme cycle (indicative only)										11	17	38	66			
											11	19	33	63	8,781,459	4,082,976	12,864,435

RR = regular resources
OR = other resources
FOR = funded other resources
NOR = new other resources
IP = international Professional
NP = national Professional
GS = General Service
SB = support budget

a/ Each post, regardless of its funding source, supports the country programme as a whole
b/ Excludes temporary assistance and overtime